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ORIGINAL ARTICLES.

Complicated Case of Femoral Hernia.

BY J. H. BLAKE, M.D., INMAN, KAS.

Read before the Golden Belt Medical Society, Enterprise, Kas., April 1.

This case occurred in a lady, age fifty; family history good; the mother of nine children.

During the period of gestation of her last child, which was twelve years previous to this time, she noted a small growth make its appearance in the right inguinal region. It gave her no inconvenience at that time, but since then had gradually increased in size until September 1, '96, nearly twelve years from its first appearance, she called at my office seeking relief from a constant pain which she had experienced for some days past.

The patient informed me she had passed the climacteric period, and since which time the growth had given her a great deal of trouble. As the growth would become smaller during the days she would flow, and would enlarge again during the intervals between the flow. But since she had ceased to menstruate this changing condition did not occur, but the growth had become larger and more troublesome. She also informed me that the growth had never entirely disappeared, but as previously stated would only become smaller during the days of mensturation.

The patient consented to an examination, which was made in the dorsal decubitus position, and gave the following conditions:

The growth was located in the right inguinal region just over Pouparts ligament. In size it compared with that of an orange. Upon palpation I could detect in the center of the growth a rather hard irregular shaped body surrounded by a quantity of fluid. It gave no impulse on coughing. Could not be brought down below Pouparts ligament, as can a femoral hernia. Manipulation created no pain, and the growth seemed to be loosely connected to the surrounding tissues.

With two fingers of the right hand introduced into the vagina, and the fingers of the left hand passed over and above Pouparts ligament the fingers could be brought in opposition, and no connection could be detected between the growth and the abdominal cavity. Examination per rectum also gave no evidence of the growth being connected with the abdominal cavity.

By these methods of examination I was able to outline, and locate the right ovary as being in its normal position. Consequently dropped the idea of the growth being a prolapsed ovary, and also excluded the idea that the patient had given me of it being connected with, and influenced by the functions of menstruation.

An examination was likewise made in the erect posture, which gave no evidence of its being connected with the abdominal cavity.

After having carefully examined the patient as previously stated, I told her it was a simple glandular tumor, and advised the removal of the same. The lady asked the privilege of consulting another physician. The request was granted, and I gave her a letter of introduction to Dr. J. C. Hall, who concurred in my diagnosis.

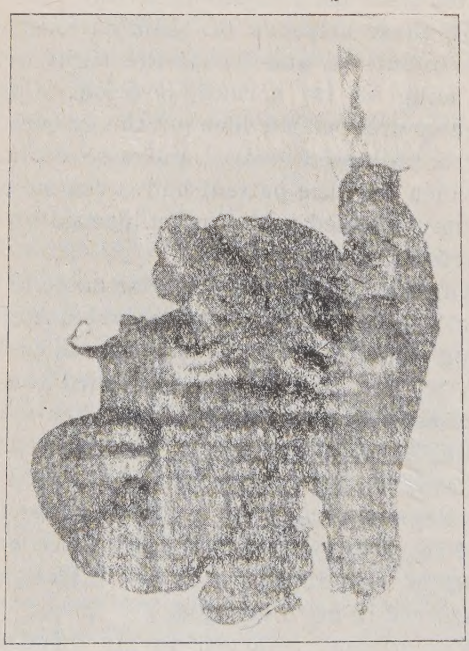
The patient returned to my office, and consented to an operation which was performed a few days later.

After the necessary steps were taken to

insure an aseptic operation, the patient was brought under the influence of chloroform, and an incision was made over the growth just below Pouparts ligament, which exposed a mass of omentum somewhat inflammatory in nature, and which was adherent to the surrounding tissues. These adhesions were broken up when I found that the mass of omentum had passed out of the femoral ring, and I certainly had a femoral hernia to deal with. But what could be the firm substance felt on the inside of the sac? A small incision into the sac, which was found to be very thin on its anterior part, gave vent to a quantity of bloody fluid which was thrown out forcibly, owing to the tension of the sac upon its contents.

Upon further examination of the inside of the sac I found a rather hard and irregular shaped growth, about as large as an English walnut. In consistency it resembled that of liver substance which was adherent to, and in fact firmly blended into the lower two-thirds of the veriform appendix. It having become about twice its normal size.

2



The figure 2 represents a match passed from above down into the appendix.

The sac of omentum had taken on a low grade of inflammation which would necessitate the removal of the entire mass. The appendix would also have to be removed with the growth attached, as it was impossible to dissect it from the appendix, nor would it have been rational surgery to have returned a diseased appendix to the abdominal cavity, even had it been possible to do so.

These conditions were something I had not anticipated, and complications coming up so unexpectedly often tax the ability of our best operators. I had considered the operation a very simple one, and had undertaken it without the aid of an assistant, whom I sorely needed at this time.

The appendix was tied, and removed with the growth attached. The stump was carefully disinfected; treated with a solution of per chloride of iron; wiped off and returned through the femoral ring to the abdominal cavity.

The diseased portion of the sac was also removed. A curved needle was armed with a stout cat-gut thread which was passed in a proximal direction several times through the distal parts of the the remaining omentum, so that when pulled upon it became folded upon itself like a curtain, but arranged so that from six to eight inches of the ends of the purse strings were left outside the previously described pad, which was pushed up within the abdominal cavity. The ends of the purse string suture were taken up and threaded on separate curved needles. One was passed through the pubic portion of the facia lata, including all the tissues except the integument. The other needle was passed likewise through the iliac portion of the same facia. The ends were then reflected over the abdomen while the cribiform facia, and the falciform process was stitched to the edge of the ring.

The purse string suture was now taken up and tied, thus serving a two-fold purpose. First, to retain the pad at the margin of the ring until a sufficient quantity of lymph had been thrown out to secure adhesion. Second, to aid the previously described sutures in the occlusion of the ring. A drainage tube was inserted well up against the ring, and the edges of the wound brought in opposition with silk suture, and dressed in an antiseptic manner.

The patient made an uninterrupted recovery; wore an elastic bandage for a few weeks, after which time it was discarded, and at present, eight months from date of operation, there has been no return of the hernia, and the patient is enjoying excellent health.

There are a few points worthy of note in this case:

1. That the most difficult part in the practice of medicine and surgery is to make a proper diagnosis.

2. The peculiar position taken by the appendix, and the peculiarity of the growth attached.

3. The manner in which the stump was formed and disposed of.

4. That the surgeon should strive to deal properly with any complications which may come up during the operation.

5. No matter how simple an operation may seem, always be sure of your chain of antiseptic work, for a chain is only so strong as the weakest link.

The Prophylaxis of Pitting in Variola.

Dr. Jose Cordina Castellvi (*Gac. med. Cat.*, Dec. 15, 1896), after citing several methods of general and local treatment for the prevention of "pock-marks," states that, in his opinion, the most rational treatment is that of Emerit, having employed this method for several months, except in cases of varioloid. He employs an ethero-alcoholic-citric solution of sublimate in the following proportions:

Corrosive sublimate, 20 gme.
Citric acid, 20 gme.
Alcohol, 100 gme.
Ether, q. s. to one litre of the sol.

With this solution the face is sprayed three times a day, from fifteen to twenty seconds.

After spraying, the ether having evaporated, there remains on the skin a white, thin layer of sublimate, at times almost invisible, and over this layer is applied the following mixture of sublimate glycerin, with a soft brush:

Glycerin, 120 gme.
Corrosive sublimate, 8 gme.
Misce.

This treatment is inconvenient in those that possess a thin skin. Moreover, one should take care not to prolong the spraying, because the caustic effect of the sublimate is immediate, and reveals itself by giving rise to one or more blisters that can unite to form an extensive sero-purulent collection, underneath the corneal layer. Fortunately, this collection does not leave any cicatrix, only a dark spot, limited to the region that was invaded by the blisters, this spot in time disappearing entirely.

The author believes this treatment to be the most rational, because apart from the powerful antiseptic action, it exercises a revulsive and caustic action that is completely opposed to the corrosive and ulcerative action of the dermic papillæ, which are the cause of the cicatricial formation. In the first place, owing to the superficial caustic effect of the sublimate, the corneal layer is destroyed, giving free exit to the pus, and the corrosion of the subjacent papillæ is prevented, or by the antiseptic action, and perhaps by the caustic action as well, the germs of suppuration are destroyed *in situ*, and this is checked and retrogrades, each postule being converted into a papule. In the second place, for the same reaction mentioned the nutrition of the papillæ is excited, and there is cell-proliferations. This aids on the one hand, to prevent the corrosion of the papillæ, and transforms the postules into papules on the other.

A delegation from the County Medical Society and the New York Medical League protested to Mayor Strong recently regarding the selection of visiting physicians and surgeons to the City Hospital. They said the selection should be made from the profession at large instead of taking them from certain colleges, as is done now. They also intimated that one of the present Charities Commissioners should be removed in order to make a place in the board for a physician.

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W. E. McVEY, B.S., M.D., EDITOR.

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JOS. B. CONNELL, B.S., LL.B., M.D., Kansas City, Mo.

Topeka, Kansas, Saturday, May 15, 1897.

THE meeting of the Kansas Medical Society this week was in many respects an excellent one. The program was an unusually large one, and unusually interesting. A large number of excellent papers were read and discussed. The discussions as a rule were confined to the subject in hand and exhibited careful and systematic thought. Some of the more scientific papers were not very thoroughly discussed, and it seems to us that this is one point where the Society lacks improvement. Such papers add tone to the program and in our published reports would add much to the already high standing of our Society if they were more carefully discussed.

IT was impossible to secure the promised railroad rates. While there were registered 140 out-of-town physicians only 50 certificates from the railroads were presented for signature, consequently we were unable to get the rate. If the members would take more pains to secure certificates, and have their friends do the same, the rate could always be counted upon.

THE following officers of the Kansas Medical Society were elected for the ensuing year:

President—C. A. McGuire, Topeka.

First Vice-President—J. W. Felty, Abilene.

Second Vice-President—G. P. Marner, Marion.

Recording Secretary—W. E. McVey, Topeka.

Corresponding Secretary—W. F. Sawhill, Concordia.

Treasurer—L. Reynolds, Horton.

Librarian—S. G. Stewart, Topeka.

Member Judicial Council—Maggie L. McCrea, Winchester.

The following delegates to the American Medical Association were appointed: F. M. Daily, M. B. Ward, J. M. Bannister, J. E. Minney, B. J. Wetherby, J. F. Shelley, and J. C. McClintock.

DR. J. M. BANNISTER presented one of the most interesting papers of the session on the radical cure of hernia, exhibiting his results in two cases.

DENVER, COLO., May 12, 1897.

Dr. W. E. McVey, Recording Secretary K. M. S.—DEAR DOCTOR: The medical profession of this city and State, after careful consideration, have decided to extend to the American Medical Asssociation at their coming meeting in Philadelphia, a most cordial invitation to meet in Denver in 1898.

We have a sufficient fund pledged to guarantee handsome entertainments, and the railroads are in hearty sympathy with the

movement, and have promised low rates. Arrangements will be made to enable delegates and their families to visit parts of the Rocky Moutains free of charge, and at nominal excursion rates to visit Colorado Springs, the medicinal springs at Glenwood, that are becoming so famous, and all other points of interest.

Believing we can make a meeting of the Association in Denver in 1898, unusually attractive and profitable to all, apart from the scientific program, I ask your cordial support and influence.

Very truly,

J. W. GRAHAM,

Chairman.

The delegates to the A. M. A. from the Kansas Medical Society were instructed in favor of this proposition.

DR. S. C. SANDS, of Mound City, was recently appointed by the Board of Charities to the position of physician at the Ossawatomie asylum. Dr. M. B. Neis, of Coffey county, was appointed physician at the Topeka asylum.

DR. J. H. ETHRIDGE was called away from home at the last moment, consequently could not be with us. His paper was forwarded and was read by the secretary.

Treatment of Burns and Scalds With Picric Acid.

St. Louis Medical Review.

Dr. Edgar Thompson says: Burns and scalds constitute typical cases for emergency treatment. The accident suddenly precipitates such a rapid train of symptoms as to try the judgment of the surgeon, and test his ability for prompt and intelligent action. The sudden transition from normal serenity to complex disorganization of every physiological function makes prompt treatment imperative.

The full pathology and classifications of burns are not within the scope of this article. A grouping of all cases into three varieties is scientific enough. The first class is a simple erythema of the skin caused by momentary contact with steam, hot liquids, hot metals, etc., and from the action of the actinic rays of the sun. The second variety is caused by a more prolonged application of hot or flaming bodies. The reaction will be so great as to elevate blisters and bullæ upon the inflamed skin. The third variety includes all those cases in which the true skin is more or less destroyed by an intense and prolonged burn. The first treatment in all these cases is the same, and the line of action is plainly indicated by the symptoms. Pain must be relieved, shock must be antaganized, the superficial congestion must be reduced, and the skin must be placed in the best possible condition for rapid healing. An ideal dressing must do all this, and it must still have other properties. It must speedily limit the inflammation of the skin, for if the reactionary inflammation is acute, suppuration will likely take place, and healing will be slow, and with the formation of much connective tissue. An acceptable dressing must be one which can be reapplied with the least pain to the patient, and minimum amount of irritation to the skin.

Picric acid has been recommended by French surgeons as being the nearest approach to an ideal treatment of burns. Its properties are as follows: It is a local anesthetic, it coagulates albumen, is astringent and antiseptic. It can be applied in most any manner, the dry powder can be sprinkled on, or gauze compresses saturated with a solution of the acid can be applied; or if the burn is universal the body may be immersed in a bath of the solution. For minor burns we find it very satisfactory to allow the patient to procure some of the acid and bathe the surface every few hours, or as often as pain returns. No toxic effect comes from the absorption of the drug even if it colors the urine a deep yellow.

The acid is not very soluble in water, two drams saturating a quart; the solubility can be increased by the addition of one ounce of

alcohol to a quart of water. For emergency work any amount of the acid can be added to the water, which being stirred is ready for use. The first and most gratifying effect of the acid is the almost instantaneous relief of pain, even in caees where the epidermis has pealed off, exposing the papillæ to the air. In most cases the pain will be entirely eliminated, and in all it will be reduced to a minor symptom. A remarkable fact is that the acid will prevent blistering if it has already begun. The acid is strongly astringent, and it contracts the superficial vessels, and consequently checks the escape of serum from them. Picric acid coagulates albumen.

The timely use of the acid is a great safeguard against suppuration because it is antiseptic, and because it contracts the vessles, thereby preventing pressure necrosis of the cells.

The effect of the use of picric acid is remarkable, and in my experience of more than half a hundred cases I am convinced its worth has not been exaggerated. The results are uniformly good; healing will be rapid, with little scarring or deformity.

There are a few practical points to be remembered: In the first place, the blisters which are formed should never be incised, it will expose the naked papilla to the air, and increase the pain and danger of infection; they should be punctured, and the serum forced out; the epithelium will then collapse on the corium, and rapid subcutaneous healing will follow. It is also wise to let the shreds of clothing, which have been burned into the skin remain until the second dressing. The cloth will be burned and aseptisized, and it will do no harm by remaining, while its removal can only be accomplished by stripping away the flesh. The cloth will act as capillary drain into the skin, and it will promote a premeation of the acid solution into the injured tissue.

In handling the solution of the acid the hands of the attendent will be stained a deep yellow color; this unsightly staining can be prevented by a preliminary application of vaseline to the hands, and by a final scouring of them with soap and boric acid. If suppuration takes place the dressing should always be gauze or some hypdrophilous substance. Drainage is most essential. I have not experimented with picric acid in the treatment of pus cases, and cannot speak of its value in such, but as an emergency first dressing of burns and scalds it has no equal.

Tracheal Injections of Creosote in Laryngo-Pulmonary Tuberculosis.

The first Spanish Oto-Rhino-Laryngological Congress was inaugurated in Madrid on November, 18, 1896. Various interesting papers were read, one of which is published in the *Gac. Med. Cat.*, bearing the above title.

The author, Dr. Ricardo Botty, has employed laryngo-tracheal injections of different antiseptic solutions, but especially creosoted, for five years in patients with laryngeal phthisis, who, at the same time, presented tuberculosis of both apices. Beginning with several c.c., he at times has reached 80 and even 100 gme. of the antiseptic solution, introduced with impunity into the trachea. As a solvent he employs olive oil, and recently cod liver oil.

The rapidity of absorption of fluids by the bronchi and pulmonary vesicles is far superior to that of the gastric mucosa—a fact which, according to Colin, is due:

1. To the immense extension of the mucosa.

2. To the thinness of this membrane, whose capil ary meshes are extremely superficial:

3. To the arrangement of the epithelium, reduced in the small branches to only one layer of cylindrical cells, and, in the pulmonary vesicles to a layer of very thin, flat cells.

4. To the cardiac and inspiratory impulse, which at once carries forward the gases, vapors, and fluids that are absorbed by the numerous vascular ramifications that surround the vesicles and terminal bronchi.

The pulmonary capacity in a healthy man varies from 2,500 gme. to 4,000 c.c. More-

over, irritant medicated solutions are astonishingly tolerated by the broncho-pulmonary mucosa, so much so that a ½ per cent. solution of bichromate can be injected without giving rise to the slightest disturbance. This, in part, can be easily explained, because if we except the substances capable of producing marked local irritations or real cauterization, it takes some time before the inflammatory reaction takes place, and before this can happen, the absorption is so great that the fluid has already passed into the circulation.

The author's technique is as follows: Frequently he at first anesthetizes the laryngeal mucosa by a few applications of a 10 per cent. solution of cocaine; in others he does not employ any anesthetic at all; then the cannula of an appropriate syringe is introduced beneath the vocal cords. The syringe emplcyed is of the capacity of 20 gme., the cannula is very thin and long, having the curve of a laryngeal stilet, the object being that it reach to the sub-glotteal region or to the first tracheal rings. The end of the cannula has a small bulb, to which is attached a ruber tube two ctm. in length, so that it can reach to a greater depth without wounding the walls of the laryngo-tracheal mucosa. The syringe, containing a solution of creosote or guaiacol in olive oil, in the srength of 1 or 2 per cent., is grasped with the right hand; the end of the cannula is introduced, little by little and gently—of course, being guided by the laryngeal mirror held in the other hand. This act nearly always causes coughing, at times accompanied by a slight spasm of the glottis, this happening more often where no cocaine is employed. In cases of this kind one should wait a few moments before going any farther. After this pause a few drops of the solution are allowed to escape by pressing the piston of the syringe, which at times will give rise to a second attack of cough, while, on the other hand, it frequently is perfectly tolerated. This second attack having passed off, with out moving the cannula from the interior of the laryngo-tracheal opening, the solution is again allowed to flow slowly, drop by drop, or in a filiform stream, care being taken to have this flow parallel to the anterior and posterior walls of the trachea. To obtain this, the body of the syringe is moved upward or downward By this means the point of the syringe comes in contact with one of the walls of that aperture. In this manner from three to ten gme. of the solution are injected, and the syringe is removed.

At the first sitting, and especially when the patient does not tolerate it well, the injection is not repeated until two days have passed, progressively increasing the dose until one employs from 20 to 25 gme. of the solution, which is the average that the majority of the patients treated could tolerate. There are patients, however, that do not experience the slightest disturbance, save a very slight cough, upon the introduction of the last few drops of an injection of from 40 to 50 gme.

As to the results of this treatment, they were as follows: In more than half of the patients treated the pulmonary lesions remained stationary, the expectoration diminished, and the cough was much less frequent; the appetite improved, as well as the general nutrition. Even in cases of advanced pulmonary tuberculosis, the tracheal injections improved the morbid process, acting locally, which was perceptible by ausculation, or affecting pulmonary absorption. When the tubercular process is incipient, this treatment during a few months, followed by life in the country and physical repose for double this time, appears to have an apparent curative effect upon the malady in nearly half of the cases belonging to this category. The remaining cases—that is, from 30 per cent. to 40 per cent.—only experienced improvement.

Dr. Gibbons, president of the California Medical Society, holds that the Federal Government should undertake the regulation of medicine and medical men throughout the country, and a national board of health should be appointed to manage all matters regarding the public health.

Diabetes Mellitus of Birds After Extirpation of the Pancreas.

Arch. f. expt. Pathology.

W. Kausch says that the results of numerous experiments upon the occurrence of glycosuria after extirpation of the pancreas in birds are contradictory. For this reason the author has studied the question anew in experiments upon ducks and geese, at the same time paying particular attention to the relation of blood sugar and glycogen storage in the liver. The method of total extirapation is first accurately described. Because of anatomical relations, he generally removed a part of the duodenum also. The animals operated on manifested an increased desire for food but no pronounced thirst, and in general the emaciation was progressive until death finally occurred from exhaustion—often quite suddenly—at the latest on the fiftieth day after operation. In order to determine the relation of blood sugar in the animals deprived of the pancreas, the author first determined the quantity in *normal* geese and ducks; in these it varied between 0.12-0.18 per cent. (average 0.14-0.15 per cent.), no matter whether the animals were in a state of fasting or fed upon different foods, or whether they were vigorous or weak.

Removal of the pancreas alone (seven experiments) had no distinct effect; on the other hand, in the great majority of the cases (in all eighty-three experiments are reported) in which the pancreas and duodenum were extripated, an *increase* up to 0.7 per cent. was observed. In but seven experiments of the eighty-three the amount was unaltered. An influence of diet upon the degree of glycemia could not be determined with any distinctness. In spite of augmentation of the blood sugar, *glycosuria* was observed but six times in seventy-six experiments on ducks, and three times in twelve experiments on geese. The occurrence of the latter, therefore, is not directly dependent upon the percentage of sugar in the blood, which is proven by the fact that in the cases with the *highest* blood sugar contents *no* glycosuria occurred. Aside from administration of sugar, different kinds of diet had no influence upon the glycosuria. By feeding with sugar, slight (alimentary) glycosuria could be produced in those animals in which pancreas extirpation failed to do so, and existing glycosuria was increased. In normal ducks, on the other hand, alimentary glycosuria could not be induced.

It appeared to be important to study the *glycogen content* of the liver and muscles in the animals deprived of the pancreas. Twenty-four hours after extirpation of the pancreas, little or no glycogen is to be found in the liver; in the muscles it disappears more slowly. While repeated administration of small quantities of sugar increases the amount of glycogen in the liver of normal animals, those deprived of the pancreas cannot store up glycogen after ingestion of glucose, but after ingestion of levulose they can. That a disturbance of sugar absorption is not the cause of the absence of liver glycogen, is shown by the fact that liberal ingestion of sugar leads to an extraordinary increase in blood sugar in animals deprived of the pancreas—in one of the author's experiments as high as 3.8 per cent. Such animals passed into a state of coma in which they died.

The author does not hesitate to designate as diabetes the condition produced in birds by pancreas extirpation, and he considers the suspended capacity of glycogen formation in the liver as the primary disturbance, and the cause of all the remaining phenomena.

Practical Hints in Injuries of the Eye.

International Journal of Surgery.

Dr. Dunbar Roy, of Atlanta, says cuts and contusions of the lids do not differ materially from those on other portions of the body, with the exception that the skin in this region is thinner, looser, and, therefore, more liable to cellular infiltration. Swelling of the lid is due to this latter fact, and "black eye" is but a practical example.

Such conditions of swelling and ecchymosis are not harmful, but, as a rule, disappears in a few days, and are hastened by a compression bandage. In echcymosis of the lid, where a speedy disappearance of the discoloration is desired, paint the lids three times daily with equal parts of fld. ext. ergot and water.

If the blow should cause great cellular infiltration, an abscess sometimes forms which, when evacuated, and a cool antiseptic dressing applied, disappears within twenty-four hours without bad results. In laceration, cuts, etc., of various kinds about the lids, adhesive strips or small sutures can be used. If the cut should extend entirely through the lid, then deep sutures into the tarsal cartilage should be taken from *without*, so that such will not act as a foreign body on the inner surface.

Care should always be taken to see that the resulting cicatrix will not produce disfigurment, and this is especially liable towards the outer canthus, where the outlying soft structures are in such close contact with the long prominence of the orbit at that point.

In burns and scalds about the lids, the the chief danger, of course, is the simultaneous injury of the globe itself, and a remote danger in the resulting contractions which follow, producing some form of tropion of the lids. The treatment here is the treatment of burns in other portions of the body, care being taken that whatever application is used it will not prove irritating if it should get in between the lids. The following ointment has been used with the most satisfactory success:

℞. Acetanilidi, gr. xx (1 | 4)
Vaselini (alb), ʒij. (8 |)

Injuries of the eye-balls proper. Small foreign bodies lying upon the conjunctiva of the lids or even that of the globe are without difficulty removed without the use of cocaine. A simple method consists in tearing off a small strip of a newspaper border, rolling it up into a little cone, then allowing one end of it to be moistened in water. Touch the foreign body with the moistened end; you will find on its removal the foreign substance clinging to the paper.

If, on the other hand, the foreign body should imbed itself in the cornea, then the pain and discomfort is much more severe. If the substance be cold, as, for instance, a small particle of dust or cinder, then its removal is simple and likewise the relief instantaneous.

If the particle be emery or hot steel which imbeds itself in the cornea, then the pain is much more severe because of the injury done the superficial layers of the cornea. In the removal of bodies from this portion of the eye it is always the best to use a two per cent. solution of cocaine.

If the foreign body be hot when it entered the cornea, especially if it be a piece of emery, then there is beside the particle itself a deposit of rust at the point of contact. Not only must the foreign body be removed by means of a spud, but the point of removal must be thoroughly scraped until every particle of rust is removed, for until this is done the patient will suffer just as if there had been no removal whatever. After the particle has been removed, especially if there be much abrasion of the cornea, irrigate the eye with a saturated solution of boric acid, put in a drop of an atropine solution, and close the eye with a bandage for twenty-four hours.

If there is rupture (of the globe), with no prolapse of the iris, then do the same as the above, with the exception that if the rupture is in the periphery of the cornea it is best to use a solution of eserine. The two solutions I use are as follows:

℞. Eserine, gr. ½ (| 03)
Water, ʒ ij (8 |)

℞. Atropine, gr. j. (| 06)
Water, ʒ jj (8 |)

If in addition the iris is prolapsed, then the prolapsed portion should be cut off, and the above treatment applied. If there is no catarrhal secretion about the eye nothing further need be done than the dropping in of a couple of drops of a weak atropine solution three times daily, hot fomentations if there is much pain, and the keeping on of a compression bandage. When you have any injury or inflammation involving the

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Arch. f. expt. Pathology.

W. Kausch says that the results of numerous experiments upon the occurrence of glycosuria after extirpation of the pancreas in birds are contradictory. For this reason the author has studied the question anew in experiments upon ducks and geese, at the same time paying particular attention to the relation of blood sugar and glycogen storage in the liver. The method of total extirapation is first accurately described. Because of anatomical relations, he generally removed a part of the duodenum also. The animals operated on manifested an increased desire for food but no pronounced thirst, and in general the emaciation was progressive until death finally occurred from exhaustion—often quite suddenly—at the latest on the fiftieth day after operation. In order to determine the relation of blood sugar in the animals deprived of the pancreas, the author first determined the quantity in *normal* geese and ducks; in these it varied between 0.12-0.18 per cent. (average 0.14-0.15 per cent.), no matter whether the animals were in a state of fasting or fed upon different foods, or whether they were vigorous or weak.

Removal of the pancreas alone (seven experiments) had no distinct effect; on the other hand, in the great majority of the cases (in all eighty-three experiments are reported) in which the pancreas and duodenum were extripated, an *increase* up to 0.7 per cent. was observed. In but seven experiments of the eighty-three the amount was unaltered. An influence of diet upon the degree of glycemia could not be determined with any distinctness. In spite of augmentation of the blood sugar, *glycosuria* was observed but six times in seventy-six experiments on ducks, and three times in twelve experiments on geese. The occurrence of the latter, therefore, is not directly dependent upon the percentage of sugar in the blood, which is proven by the fact that in the cases with the *highest* blood sugar contents *no* glycosuria occurred. Aside from administration of sugar, different kinds of diet had no influence upon the glycosuria. By feeding with sugar, slight (alimentary) glycosuria could be produced in those animals in which pancreas extirpation failed to do so, and existing glycosuria was increased. In normal ducks, on the other hand, alimentary glycosuria could not be induced.

It appeared to be important to study the *glycogen content* of the liver and muscles in the animals deprived of the pancreas. Twenty-four hours after extirpation of the pancreas, little or no glycogen is to be found in the liver; in the muscles it disappears more slowly. While repeated administration of small quantities of sugar increases the amount of glycogen in the liver of normal animals, those deprived of the pancreas cannot store up glycogen after ingestion of glucose, but after ingestion of levulose they can. That a disturbance of sugar absorption is not the cause of the absence of liver glycogen, is shown by the fact that liberal ingestion of sugar leads to an extraordinary increase in blood sugar in animals deprived of the pancreas—in one of the author's experiments as high as 3.8 per cent. Such animals passed into a state of coma in which they died.

The author does not hesitate to designate as diabetes the condition produced in birds by pancreas extirpation, and he considers the suspended capacity of glycogen formation in the liver as the primary disturbance, and the cause of all the remaining phenomena.

Practical Hints in Injuries of the Eye.

International Journal of Surgery.

Dr. Dunbar Roy, of Atlanta, says cuts and contusions of the lids do not differ materially from those on other portions of the body, with the exception that the skin in this region is thinner, looser, and, therefore, more liable to cellular infiltration. Swelling of the lid is due to this latter fact, and "black eye" is but a practical example.

Such conditions of swelling and ecchymosis are not harmful, but, as a rule, disappears in a few days, and are hastened by a compression bandage. In echcymosis of the lid, where a speedy disappearance of the discoloration is desired, paint the lids three times daily with equal parts of fld. ext. ergot and water.

If the blow should cause great cellular infiltration, an abscess sometimes forms which, when evacuated, and a cool antiseptic dressing applied, disappears within twenty-four hours without bad results. In laceration, cuts, etc., of various kinds about the lids, adhesive strips or small sutures can be used. If the cut should extend entirely through the lid, then deep sutures into the tarsal cartilage should be taken from *without*, so that such will not act as a foreign body on the inner surface.

Care should always be taken to see that the resulting cicatrix will not produce disfigurment, and this is especially liable towards the outer canthus, where the outlying soft structures are in such close contact with the long prominence of the orbit at that point.

In burns and scalds about the lids, the the chief danger, of course, is the simultaneous injury of the globe itself, and a remote danger in the resulting contractions which follow, producing some form of tropion of the lids. The treatment here is the treatment of burns in other portions of the body, care being taken that whatever application is used it will not prove irritating if it should get in between the lids. The following ointment has been used with the most satisfactory success:

℞. Acetanilidi, gr. xx (1 | 4)
Vaselini (alb), ℥ij. (8 |)

Injuries of the eye-balls proper. Small foreign bodies lying upon the conjunctiva of the lids or even that of the globe are without difficulty removed without the use of cocaine. A simple method consists in tearing off a small strip of a newspaper border, rolling it up into a little cone, then allowing one end of it to be moistened in water. Touch the foreign body with the moistened end; you will find on its removal the foreign substance clinging to the paper.

If, on the other hand, the foreign body should imbed itself in the cornea, then the pain and discomfort is much more severe. If the substance be cold, as, for instance, a small particle of dust or cinder, then its removal is simple and likewise the relief instantaneous.

If the particle be emery or hot steel which imbeds itself in the cornea, then the pain is much more severe because of the injury done the superficial layers of the cornea. In the removal of bodies from this portion of the eye it is always the best to use a two per cent. solution of cocaine.

If the foreign body be hot when it entered the cornea, especially if it be a piece of emery, then there is beside the particle itself a deposit of rust at the point of contact. Not only must the foreign body be removed by means of a spud, but the point of removal must be thoroughly scraped until every particle of rust is removed, for until this is done the patient will suffer just as if there had been no removal whatever. After the particle has been removed, especially if there be much abrasion of the cornea, irrigate the eye with a saturated solution of boric acid, put in a drop of an atropine solution, and close the eye with a bandage for twenty-four hours.

If there is rupture (of the globe), with no prolapse of the iris, then do the same as the above, with the exception that if the rupture is in the periphery of the cornea it is best to use a solution of eserine. The two solutions I use are as follows:

℞. Eserine, gr. ½ (| 03)
Water, ℥ ij (8 |)

℞. Atropine, gr. j. (| 06)
Water, ℥ jj (8 |)

If in addition the iris is prolapsed, then the prolapsed portion should be cut off, and the above treatment applied. If there is no catarrhal secretion about the eye nothing further need be done than the dropping in of a couple of drops of a weak atropine solution three times daily, hot fomentations if there is much pain, and the keeping on of a compression bandage. When you have any injury or inflammation involving the

The remedy consists essentially of chlorin, deprived of its suffocating, irritating qualities by an emollient corrective. The value of the "corrective" is not so much due to the agents used as to the process of manufacture in making the combination. Properly made the results will be satisfactory, if improperly combined the results will be disappointing. This is the result of my repeated trials and clinical experiments carried on during a period of over three years. Two liquids are used, which are for convenience named "Bracelin Chlorin Bactericide," "No One" and "No Two." "B. C. B. No. 1" is set free by the corrected chlorin in "B. C. B. No. 2." "B. C. B. No. 2" is added to "B. C. B. No. 1" in the proportion of one to five parts slightly warmed, and the vapor inhaled as directed. Some diseases, such as diphtheria and pneumonia, require its use once each hour, others but four or five times a day. I am now prepared to give my formula to the profession for trial in the treatment of diphtheria, and throat and lung diseases, viz:

Formula of Bracelin's Chlorin Bactericide—

Solution No. 1.

Solution zinc chlorid, 20 parts.
Solution arsenic chlorid, 30 parts.
Hydrochloric acid, 1 part.
Water, 49 parts.

Solution No. 2.

Solution chlorinated soda, standardized to 2.6 per cent. available.

Chlorin, 70 parts.
Corrective, 30 parts.

Note—The corrective consists of menthol, camphor, eucalyptol and salicylate of methyl dissolved in alcohol and water. It will, I think, require no special argument to convince the profession that so chemically unstable a compound can only be prepared satisfactorily by careful and competent hands, and as already stated, I shall hereafter personally supervise its manufacture for the use of physicians.

P. M. BRACELIN, M.D.

Success of Surgery in Treatment of Certain Diseases of the Nasal Fossæ.

American Medico-Surgical Bulletin.

Dr. C. Compaired (Madrid) gives clinical demonstration of the power of certain simple surgical procedures to cure completely, or relieve materially, diseases of the nasal fossæ which drugs of all possible selection were powerless to benefit. He claims that these surgical methods are the only treatment for that class of cases which he includes under the term nasal stenoses, that will give us the *tuto, cito et jucunde* of the ancients. The almost constant immunity following operations from untoward complications, inflammatory and suppurative, remarkable when we consider the great vascularity of these areas, he attributes to a condition which the nasal cavities enjoy in common with the buccal cavity, viz., an abundant secretion which catches, removes, and perhaps renders innocuous all germs which would otherwise produce damage, especially when it is assisted, as in all modern surgery, by antiseptic sprays.

Catarrhal subjects have, as a rule, narrow or stenosed nasal passages and a doughy tongue, as well as marked disturbances of the general health.

Removal of the stenosis will prevent in children:

1. Thoracic deformities and their consequences.

2. Permanent malformations of the chest, deafness, faults in speech and mental function.

In adults:

1. It will prevent and cure asthma, spasmodic cough, bronchitis, melancholia, and mental distraction.

2. In many cases stenosis is a factor in various nervous reflexes.

3. It is an important element in many diseases in which its influence has previously been overlooked. Moreover, it causes phenomena at remote points, by continuity of tissue, by reflexes, and by sympathetic function, as, *e.g.*, of the genital organs.

He instances an inguinal hernia produced

by the mere *mechanical* effort of blowing the nose in a case of stenosis. Loss of smell is explained by shutting off the olfactory nerves from the inflowing air current by the swelling of the turbinated tissues.

Powders, sounds, medicated cylinders, sprays, injections, irrigations with medicated solutions, tampons, and all kinds of salves were given a patient and thorough test. But surgery brings in gradual dilatation, with bougies, electrolysis, galvanocautery, curetting, slicing, use of scissors. saws, etc., ranging from the smallest procedure to the most formidable; and the more blood-letting the remedy, the more radical and efficient. Conviction is brought home by the clinics. He cites the following case:

Jose O. Albinane, 22 years, Ouspenski's (Moscow) type and facies, snores from infancy, and awakes often with start and fright. He has defective development, frequent acute catarrhal attacks, nose twisted to the right, tonsils hypertrophied, adenoids filling the naso-pharyngeal space, hypertrophy of turbinated bodies of right side, deviation and thickening of septum in form of a spur on left, both nares absolutely occluded. From childhood intelligent and studious, he lost his brightness and application to study commencing at about 7 years, until his look and his loss of memory made his teachers think he was losing his mind. The septal deviation was sawed off Dec. 8, 1894, and the adenoids removed. After healing the tonsils and turbinates were cauterized. On Feb. 8, 1895, he breathed freely, did not snore, and was completely changed, physically and intellectually, and continues well to this day.

This is one of several cases of similar character, from which the author concludes that nasal stenoses develop other troubles and changes important enough to demand rapid and efficient treatment, met only by surgical procedures.

The osteopathy bill, passed recently by the Colorado Legislature, has been vetoed by the governor of that State.

Medical News Clippings.

The Omaha Medical College graduated a Chinaman in class of '97.

Baroness de Hirsch has lately donated one million francs for a hospital in London.

Dr. William Vissman has been lately appointed editor of the New York *Polyclinic.*

The *Texas Health Journal* and the *Texas Medical Practitioner* have merged together.

The New York County Medical Society recently expelled one of his members for advertising himself.

The Anti-spitting Crusade has reached Washington, and the new law will go into effect this month.

Boston, Mass., is at present having an epidemic of cerebro-spinal meningitis which seems to be increasing.

Women physicians will hereafter be eligible to the position of "interne" at the county hospital of Denver, Colo.

A Clinton, Mo., man has brought suit against the board of health because it quarantined his house for smallpox.

It is reported that "commission" business between some doctors and druggists of San Francisco is largely practiced.

Denver, Colo., is trying her level best to have the American Medical Society meet there in 1898. Columbus, Ohio, also wants it.

Nine Meriden, Conn., physicians were recently fined six dollars each for violating the statue in regard to the returns of vital statistics.

Havana, Cuba, is still suffering from a raging smallpox epidemic. A nearby town of 8,000 inhabitants has 150 deaths in one week.

The State Lunatic Asylum of Missouri, at Fulton, has been turned over to the new board appointed recently by the governor, which is composed entirely of homeopaths.

The Commissioners of Charity of New York have received an appropriation of one

million dollars for the erection of new hospitals, and the prosecution of hospital work.

The secretary of the Anti-Vaccination League has been lately circulating petitions in Chester, Pa., for signatures protesting against the compulsory vaccination in that State.

The Department of Correction of New York has recently organized a medical board, composed of the visiting physicians and surgeons to the various institutions under that department.

The Denver, Colo., health board is alarmed over the increase of scarlet fever in that city. Children affected with this disease have been found taking rides for their health in the street cars.

The Wisconsin medical bill providing for the appointment of a board of medical examiners has been signed by the governor of that State, although he says his own personal views were against such lesislation.

The *Register* of Des Moines, Iowa, says that Dr. J. A. Scragg, a member of the State Board of Health, has disappeared with $2,300 belonging to the Keokuk Medical College, in which he was one of the faculty.

The ethical question is likely to come to the front again at the next meeting of the American Medical Association. The Cleveland Medical Society has rebelled, and its members insist upon the right to consult with irregulars.

According to the Wooster, Ohio, *Republican*, Dr. Wm. B. Sprague, of Coldwater, Mich., has passed his one hundredth birthday, but does not now practice. Dr. Chas. H. Wilgohs, of Doylestown, is still practicing, though aged 94 years.

The Salt Lake *Tribune* says: "As surgery is going on, it looks very much as though in twenty-five years more the expert surgeon would be able to trim a human system in a way to convince the world that about half of it is superfluous anyway."

Dr. Stephen Smith, of New York city, says there are 105 dispensaries in New York city and twenty-two in Brooklyn, and that in an overwhelming majority of these no investigation is made regarding the ability of the patient to pay for treatment.

A medical practice act now pending in the Illinois Legislature provides that: "Any person who shall by writing or practicing, or any other method profess to the public to cure or treat disease or deformity by any drug, nostrum, manipulation, or other expedient, shall pay a license of $100 per month."

The *Virginia Medical Semi-Monthly* is up in arms against the State license tax on all city doctors. The doctors who have been in practice five or more years, pay the State $25.75 per year, and the city of Richmond adds to this a city license task varying from $20.00 to $75.00, according to the income of the doctor.

An arrangement has been made with Thomas Cook & Son to carry the delegates to the Inter-national Medical Congress at Moscow, and to visit various towns in Italy, Switzerland, Austria, Norway, Sweden, Germany, Russia, and home again for the sum of $650. The party will leave New York by the North German Lloyd steamer Werra, on Saturday, July 3, and return to New York again by September 24.

An Acrostic—La Grippe.

FREDERICK B. SUTTON, M.D., Atlanta, Ga.

All the nerves gone on a bender,
Not an organ is exempt,
Teeth and scalp and muscles tender,
Icy chills, the bones pre-exempt;
Kaleidoscopic are the symptoms legion,
As they over-run the system,
Making life a weary region,
No one able to resist them.
Is there nothing that will cure?
Antikamnia will, I'm sure!